



1997 ECONOMIC CENSUS
OTHER PROFESSIONAL, SCIENTIFIC, AND
TECHNICAL SERVICES

OMB No. 0607-0827: Approval Expires 10/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

SV-7309

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 4. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997?

Mark (X) only ONE box.

- 003 1 Individual owner (sole proprietorship)
2 Partnership – Mark (X) this box if you file a partnership Federal income tax form.
5 Government – Specify
0 Corporation – Mark (X) this box if you file a corporate Federal income tax form, including Subchapter S corporations.
9 Other – Specify

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 report

Preferred Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 5. DOLLAR VOLUME

OPERATING RECEIPTS of this establishment in 1997

Mil.	Thou.	Dol.
010		

Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		

b. First quarter (January–March)

031		
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Item 7. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Number
032

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

Number of months
002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

- 001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts in 1997.

Miscellaneous professional, scientific, and technical services

070

- | | |
|-------------------------------------------------------|---------|
| Market research and public opinion polling | 8732201 |
| Photographic studios, portrait. | 7221001 |
| Commercial photography | 7335001 |
| Medical photography | 8099301 |
| Translation or interpretation services | 7389151 |
| Veterinary services for livestock | 0741001 |
| Veterinary services for animal specialties | 0742001 |
| Veterinary testing laboratories | 8734201 |
| Appraiser, except insurance and real estate | 7389991 |
| Auctioneering service. | 7389972 |
| Arbitration and conciliation services. | 7389999 |

Management, scientific, and technical consulting services (providing advice and counsel to clients) – *Describe* 7777775

7777775

Other professional, scientific, and technical services – *Describe* ☐ 777776

7777776

Other business or activity - Describe ☐ 7777777

☐ 77777777

b. Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of the same company (rather than for the general public or other business firms) in 1997?

415

1 ☐ Yes

2 ☐ No

Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total – see example below.

Please do **not** combine data for two or more receipts lines.

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per- cent
	• Report whole percents				39
	<i>Not acceptable</i>				38.76

Sources of receipts	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Percent

	400	401			402
a. Market research and public opinion polling	1400				
b. Photography services					
(1) Portrait photography	1451				
(2) Commercial photography	1452				
c. Translation or interpretation services	1500				
d. Appraisal services	1550				
e. Arbitration and conciliation services	1570				
f. Auctioneering service fees	1580				
g. Sales of merchandise	8606				
h. All other receipts – <i>Describe if more than 10 percent of total receipts</i> 076	8954				
i. TOTAL (Should equal item 5 if reporting in dollars)	8990				100%

Item 10. EXPORTED SERVICES

NOTE – An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.

Did the receipts reported in item 5 include any amounts received for exported services?

405 1 ☐ Yes – Amount
2 ☐ No

Mil.	Thou.	Dol.
406		

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 ☐ Yes – *Complete this item*
2 ☐ No – *Skip to item 12*

b. Is this company owned or controlled by another company?

097 1 ☐ Yes →
2 ☐ No

Enter name, address, and EIN of the owning
or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

098 1 ☐ Yes →
2 ☐ No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

Number

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name			1997	Mil.	Thou.	Dol.
	Number and street			Receipts	081		
	City	State	ZIP Code		082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				
2	Name			1997	Mil.	Thou.	Dol.
	Number and street			Receipts	081		
	City	State	ZIP Code		082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
			Census use 088				

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM:	Mo.	Year	TO:	Mo.	Year
	Name of person to contact regarding this report – <i>Print or type</i>					
Title						
Telephone	Area code	Number			Extension	
Signature of authorized person					Date	